

SETTLEMENT AGREEMENT FINAL RECEIPT AND RELEASE OF LIABILITY

1. Employer's name _____
Address: Street _____ City _____ State _____ ZIP _____
2. Insurance carrier _____ Phone # _____ (Ext) _____
Address _____ Ins. Co. File No. _____
3. Injured worker _____ Social Security Number _____
Address: Street _____ City _____ State _____ ZIP _____
4. Nature of injury for which this claim for compensation is made _____

5. Date of injury _____	Compensation paid on the following bases 12. _____ weeks _____ days temporary total disability \$ _____ 13. _____ weeks _____ days _____ % temporary partial disability @ _____ per week \$ _____ 14. _____ weeks permanent partial disability for: Percent of amputation to _____ \$ _____ _____ % loss of use of _____ \$ _____ TOTAL COMPENSATION: \$ _____ 15. Hospital expense \$ _____ 16. Medical expense \$ _____ 17. Other (specify) _____ \$ _____ Total Medical \$ _____	
6. Last day employee worked _____		
7. Date employee was able to return to work _____		
8. Date employee returned to work _____		
9. If employee worked between date of injury and last date of disability, give dates: _____		
10. Average weekly wage \$ _____		
11. Weekly compensation rate \$ _____		
NOTE: No compensation other than medical is payable for the first week following the injury, except cases of amputation or death, unless temporary total loss continues for three consecutive weeks.		

18. Is this a Release and Receipt for payments made on award of Director? _____
If hearing(s) held give date and place of hearing(s) _____

FINAL RECEIPT AND RELEASE OF LIABILITY

Received from (Name of employer or insurance carrier) _____
the sum of _____ (\$ _____) making in all, with payments
already received a total sum of _____ (\$ _____)
IN FINAL RECEIPT AND RELEASE OF LIABILITY of this claim for compensation and any other claims for compensation heretofore made on account of
any and all injuries and disability incurred by reason of the accident referred to in this instrument.

SIGNED, ACKNOWLEDGED AND AGREED by Employer and Worker this _____ day of _____ A.D., 20 _____

Employer or Agent of employer and insurance carrier

Worker

JURAT

State of Kansas, County of _____ ss.

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me, the undersigned, a Notary Public
in and for said county and state, came the above named worker, to me personally known to be the same person who signed, acknowledged and agreed
to the foregoing instrument of writing and duly acknowledged that he understood and executed the same as of the date above written.

My commission expires _____

Notary Public

The Kansas Workers Compensation law provides that compensation due may be settled by agreement and that the employer is entitled to a receipt and release of liability upon final payment of compensation due, and that such final receipt and release of liability shall be filed by the employer in the office of the Director of Workers Compensation within sixty (60) days after the date of the execution of the same, and that such agreement, final receipt and release of liability is made subject to the approval of the Director that the correct amount of compensation has been paid as required by law, and will automatically become approved by law unless disapproved by the Director within twenty (20) days of the date it is received by that office.

A physicians final report must accompany this agreement when it is filed with the Director for approval.

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.